

Center for **Children's** Advocacy

University of Connecticut School of Law, 65 Elizabeth Street, Hartford, CT 06105

TESTIMONY OF THE CENTER FOR CHILDREN'S ADVOCACY IN SUPPORT OF SB 293 AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS

This testimony is submitted on behalf of the Center for Children's Advocacy, a non-profit organization based at the University of Connecticut School of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy.

We strongly support **Raised Bill 293** which will require the Department of Children and Families (DCF) to document the steps it has taken to ensure that babies and young children in DCF's custody are receiving necessary early intervention, education and special education services; and that older youth who may be "aging out" of DCF have individual plans to ensure completion of education, acquisition of independent living skills, and access to health care, housing and benefits.

Current Examples of Service Delays for Young Children

K, a plump five month old with a broad smile and a peaceful disposition, came into DCF emergency custody after having suffered multiple fractures, including fractures of the skull and ribs. Despite multiple requests from counsel to ensure that the baby was referred for a Birth to Three evaluation and despite the baby's history of skull fracture, a court review revealed that over three months went by before he was successfully *referred* for an evaluation.

J, an adorable two year old girl, and her four year old brother were removed from their home due to concerns of physical abuse by the children's father. It took almost five more months for an evaluation to be secured for Birth to Three services and even longer for interventions to be put into place. More than seven months went by before J's brother was evaluated for special education services, despite ample documentation of the child's special needs.



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Challenges in Connecticut's Current System

Connecticut DCF is laudably bringing a new focus to the special issues of young children in care and is working to ensure it addresses foster children's educational and developmental needs; including creating case plans to work with children and their families to identify children's needs and access appropriate services. While these efforts are important, they are still preliminary. Currently, many DCF case plans, both those that are developed administratively and those that are submitted for review to the Juvenile Court, lack information about a child's developmental or educational needs, or what steps will be necessary to assist a family with meeting the child's needs. It is quite common for babies and young children to wait months after coming into state care before they are referred for early intervention services; at times, social workers attempt to make referrals

only to have requests for evaluation refused by the Birth to Three Agency. And it is equally common that pre-school age children suffer long delays before being screened or referred for disability services.

As the state works to improve its current practices with regard to meeting the needs of young children, this bill provides a critical quality assurance mechanism and brings greater transparency and accountability into the case plan review process.

A Substantial Number of Babies and Young Children Go Without the Service Plans They are Entitled To

The largest demographic of children entering foster care in this country are infants and toddlers.¹ Almost forty percent of children in foster care nationally are under age six.² In Connecticut, more than thirty percent of children in care are under age three.³ Babies and toddlers in foster care suffer a high incidence of developmental delays and chronic medical conditions. **These children are more likely to be neglected or abused while in state care, and they are more likely to re-enter care at a later date.**⁴ In fact, approximately one-third of all infants re-enter care for abuse or neglect reasons.⁵ It is imperative that once these children are placed in out-of-home care that DCF ensure services are provided in a timely manner to meet their developmental, educational and service needs.

Data from the National Survey of Child and Adolescent Well-Being tells us that 35% of children from birth to 3 years old involved in a child welfare investigation required early intervention services. Unfortunately, only 12% of those children actually received the service plans they were entitled to.⁶

¹SOURCE: "A Call to Action on Behalf of Maltreated Infants and Toddlers"
<http://www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf>

² Source: Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. 2008. *Adoption and Foster Care Analysis and Reporting System*. Ithaca, NY: Cornell University, National Data Archive on Child Abuse and Neglect.

³ U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Outcomes Report Data, "Child Maltreatment Data: Age of Child Victims." U.S. Department of Health and Human Services, 2009, <http://cwoutcomes.acf.hhs.gov>.

⁴ *EPSDT Program Background*. Rockville, MD: Health Resources and Services Administration. Available at www.hrsa.gov/Epsdt/overview.htm#1. Geen, Rob, Anna S. Sommers and Mindy Cohen. "Medicaid Spending on Foster Children." Urban Institute Child Welfare Research Program, Brief No. 2, August 2005. Available at www.urban.org/UploadedPDF/311221_medicaid_spending.pdf.

⁵ Fred Wulczyn, Lijun Chen, Linda Collins, et al., "The Foster Care Baby Boom Revisited: What Do the Numbers Tell Us?" *Zero to Three*, 31, no. 3 (2011): 4-10.

⁶ Cecilia Casanueva, Theodore Cross, and Heather Ringeisen, "Developmental Needs and Individualized Family Service Plans Among Infants and Toddlers in the Child Welfare System." *Child Maltreatment* 13, no. 3; Taletha Mae Derrington and John A. Lippitt, "State-Level Impact of Mandated Referrals

The Law Entitles Children Who Have Been Abused or Neglected to Receive Evaluations for Early Intervention Services

The Individuals with Disabilities Education Act, Part C, requires states to develop a comprehensive program of services for children ages birth to three who have developmental delays.

The Child Abuse and Prevention Treatment Act (CAPTA) (P.L. 108-36) requires that each state develop "provisions and procedures for referral of a child under age three who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Act (IDEA)."

The Federal Adoption and Safe Families Act (ASFA) mandates that states ensure that "children receive appropriate services to meet their educational ..., physical and mental health needs."⁷ ASFA also requires that every child's case plan document that appropriate services have been provided to the child to address their needs while in foster care.⁸

Together these laws require that states ensure that the developmental and educational needs of children in foster care are met in an efficient and timely manner. Federal and state law also require that the child welfare agency submit a plan to the court for each foster child, documenting the agency's care and protection of the child, the proposed permanent plan for the child and what steps the agency has taken to achieve the plan. 42 USC § 671 *et seq*; Conn. Gen. Stat. § 46b-129(k). State law empowers the Juvenile Court to direct the provision of services in connection with the proposed plan. Conn. Gen. Stat. § 46b-129(k).

Unfortunately, too many children either encounter significant delay in access to disability services or do not receive services at all.

Early Access To Services Is Not Only Essential for Babies and Young Children, It Also Saves Valuable Resources

Ample research tells us that intervening in the very early years for babies and toddlers not only effectively addresses developmental and cognitive deficits, but early intervention can save state systems thousands of service dollars for each child served.

Data shows that starting services at birth for at risk children resulted in significant savings than if the services began when the child was school-age.⁹

From Welfare to Part C Early Intervention." *Topics in Early Childhood Special Education* 28, no. 2 (2008): 90. (2008): 245-258, <http://cmx.sagepub.com/cgi/content/abstract/13/3/245>.

⁷ 45 C.F.R. Part 1357 §1355.34 b(1)(iii).

⁸ 42 U.S.C. § 675(1)(B)

⁹ M.E. Wood, "Costs of Intervention Programs." In Corinne Garland, Nancy W. Stone, Jennie Swanson, and Geneva Woodruff, eds., *Early Intervention for Children with Special Needs and Their Families*:

Child development experts recommend that states develop comprehensive policies and laws to emphasize the need for timely and effective services for babies and young children. Specifically, experts advocate that child welfare agencies ensure quick referral to early intervention services for children ages birth to three and that courts provide partnership on this issue by ensuring that case plans document children are receiving developmentally appropriate services.¹⁰

Bill 293 is an important step to advance effective practice, accountability and partnership among child welfare stakeholders to meet the needs of babies and young children in DCF care.

Far Too Many of our Youth Exit DCF Care Without Adequate Supports and Ill-Prepared to Meet Basic Needs

Unfortunately in our state, too many of our foster children “grow up” in DCF care, never finding a permanent place to call home. Too many of these children do not have a guardian or parent in their life to provide them with stability and guidance and teach them how to be the men and women the children want to become. **Connecticut was recently identified among the top ten of states with the largest percent of youth who exit care due to “aging out,” as opposed to finding permanency with a family.**¹¹

Studies of youth who leave foster care without a safe, permanent family reveal consistently negative outcomes. Many children who “age out” without a family will not graduate from high school or even obtain a GED. One study found that a majority of “aging out” youth experience homelessness, and at least one-third face incarceration.¹² It is not uncommon for youth in Connecticut to try to “re-enter” DCF care because they find themselves homeless and without anyone to help them.

Findings and Recommendations. Westar Series Paper No. 11 (ED 207 208), Seattle: University of Washington, 1981.

¹⁰ SOURCE: "A Call to Action on Behalf of Maltreated Infants and Toddlers"
<http://www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf>

¹¹ See the Fostering Connections to Success Act Resource Center website,
http://www.fosteringconnections.org/tools/assets/files/Connections_Agingout.pdf.

¹² Mark Courtney, Amy Dworsky, Gretchen Cusick, Judy Havlicek, Alfred Perez, Tom Keller, "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21." Chapin Hall Center for Children, University of Chicago, (December 2007): 68-70; Peter Pecora, Ronald Kessler, Jason Williams, Kirk O'Brien, Chris Downs, Diana English, James White, Eva Hiripi, Catherine White, Tamera Wiggins, & Kate Holmes, "Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study." Casey Family Programs, (2005); Peter Pecora et al. "Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study."; M.B. Kushel, I. H. Yen, L. Gee, & M.E. Courtney, "Homelessness and Health Care Access After Emancipation: Results From the Midwest Evaluation of Adult Functioning of Former Foster Youth." Archives of Pediatric Medicine 161 no. 10 (2007).

The Law Requires States to Help Adolescents in Foster Care and Prepare Them for Living Independently.

Federal Law requires that states provide assistance and support for youth aging out of foster care. (H.R. 6893/P.L. 110-351). The 2008 Fostering Connections to Success Act requires that the child welfare agency must develop a transition plan well before a youth turns eighteen. The plan must be "personalized at the direction of the child, [and] include specific options on housing, health insurance, education, local opportunities for mentors, and workforce supports and employment services."

State law requires that a youth's permanency plan be reviewed until they either achieve permanency or "age out" of the system. Conn. Gen. Stat. § 46b-129. It is imperative that a youth's specific and individualized plan for transition be included in the case plan that is submitted for review. Only this way can the stakeholders in the child's life, including the reviewing court, ensure that the child's basic needs for education, housing, health care and subsistence have been identified and that there is a plan to ensure those needs are met. This bill provides a critical quality assurance mechanism and will ensure that case plans comply with federal requirements.

Bill 293 Will Ensure That Service Plans Comprehensively And Appropriately Address the Unique Needs of Young Children and Adolescents

Current law requires DCF submit a permanency plan to the Superior Court for Juvenile Matters documenting the care and services the agency is providing to a foster child, identifying the permanency plan for the child and what steps DCF will take to achieve the plan. Conn. Gen. Stat. § 46b-129(k); 17a-15a.

Bill 293 requires that DCF document to the court what steps it has taken to address the unique needs of young children and adolescents. The attorneys for the parents and children, as well as the court, are then able to review the plan and ensure that it is comprehensive and appropriate. As stated above, the law allows the court to direct the provision of services in support of a permanency plan. Conn. Gen. Stat. § 46b-129(k).

This bill will ensure that each child's case plan complies with federal law by providing for a comprehensive case plan and a review of said plan by the juvenile court.

Proposed Amendment to the Bill

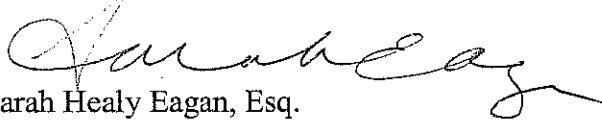
Given the inefficiencies of the current system in securing evaluations and services for young children in DCF care, the Center for Children's Advocacy respectfully proposes the following amendment to the current language of Bill 293:

Any child who enters the care and custody of the Department of Children and Families pursuant to Connecticut General Statute Section 17a-101g or Section 46b-129 and who has not yet reached the age of three shall be referred by DCF for a Birth to Three Evaluation within fourteen days of the day the child came into the care and custody of the Department. For any child who enters the care and custody of the Department of Children and Families who is age three or four, the Department shall ensure that such child is screened to determine whether there is a need for a

special education referral to the local educational agency consistent with the provisions of Connecticut General Statute 10-76d et seq.

Every case plan created pursuant to Conn. Gen. Stat. 17a-15 shall include information regarding specific steps the Department is taking to facilitate a child's access to appropriate education, special education or early intervention services.

Respectfully submitted,



Sarah Healy Eagan, Esq.
Director of the Child Abuse Project
seagan@kidscounsel.org